

angles which were still gaping. About the twelfth day, however, the lateral surfaces of the wound were also seen covered with granulations while the bottom seemed to be coated only with small adherent blood-clots. During the night of the fourteenth, persistent haemorrhage from the wound suddenly appeared. Esmarch's bandage was applied and left for the whole night. In the morning of the fifteenth day "a strongly pulsating tumor, of the size of a walnut, was discovered at the site of the wound, with two dark spots at the top", from which spots two powerful jets of blood soon began to play. A ligature of the brachial artery in the cubital bend was now made; the palmar bleeding still continued for a while afterwards. Subsequently the swelling gradually decreased. The first pulsation in the radial artery was noticed twelve days after the ligature, becoming normal after twelve days. The palmar wound was found healed on the fortieth day after the accident.

—*Voënnno-Sanitarnoë Dëlo*, No. 1 1888.

**II. Actinomycosis of Thigh.** By Dr. A. V. MININ (St. Petersburg). A well-made and nourished soldier, æt. 21, was admitted on account of a constant, vague, aching pain in the upper third of his left thigh posteriorly, just below the gluteal fold. On examination the integuments were found normal, but deep in the biceps femoris there was a tender induration of the size of the palm. About 17 days later there appeared what was thought to be "signs of a circumscribed inflammation of subcutaneous cellular tissue." Accordingly a longitudinal incision, 5 centimetres long, was made downward from the gluteal plica to scrape out, by means of Volkmann's spoon, "a semi-fluid, firmish mass, which easily broke into hard lumps of a grayish brown color." A cavity of the size of two fists, left between the great gluteus and posterior femoral muscles, was washed out with a sublimate solution and plugged up with iodoform gauze. The man's temperature, which before the operation had been rising up to  $38.4^{\circ}$  C., in the evenings, became henceforward normal. The cavity, however, showed but a very slight tendency to healing, and continued to discharge a mucoid matter with lumps which were thought to be particles of disintegrating tissues. About two months after the first operation

a considerable swelling was noticed just below the cavity. Another incision, 7 cm. long, was made across the fistula and swelling. After dissecting and hooking aside the sciatic nerve, the tissues exposed were carefully scraped out and cauterized with the thermocautery, and the cavity filled up with iodoform gauze. Henceforward a steady, though very gradual, improvement set in. About ten weeks after the second operation the man was discharged with a fine fistulous opening which ultimately closed, not before another ten weeks had elapsed. The diagnosis was made only after the second operation when the mass scraped out was subjected to a microscopical examination, which showed that the lumps consisted of "entangling threads of actinomycetes with their characteristic club-shaped inflations." Inquiry elicited the fact that the patient before entering the ranks, had been habitually brought into contact with horses, by sleeping at stables and otherwise. Dr. Minin believes that actinomycosis is by no means as infrequent in man as is commonly supposed.—*Khirurgichesky Vestnik*, March and April, 1888.

**III. Case of Acute Multiple Osteomyelitis, ending in Recovery.** By DR. SEMION G. SHALITA (Kiev, Russia.) A boy, æt. three years and a half, hitherto quite healthy, of healthy Hebrew parentage, was admitted three weeks after a trifling accidental contusion of his left leg, which had been followed in the same evening by intense rigor, heat, and excruciating pain about the limb, and on the next day, by swelling of the latter, and anorexia and prostration which symptoms had been growing worse ever since. On examination, the boy "had the appearance of a typhoid patient," was pale, extremely emaciated with aching pain all over body, feverish ( $40^{\circ}$  C. in the morning), and suffering from severe offensive diarrhoea. "His left leg formed one purulent gathering occupying the whole internal surface from the knee-joint (containing profuse effusion) down to the ankle-joint." There was, further, a large abscess on the left side from the fifth to ninth ribs, reaching anteriorly beyond the mamillary line and posteriorly up to the inferior angle of the shoulder blade. A third abscess was situated in the left temporal region. The integuments all over the